



# SINGAPORE PHARMACY COUNCIL

Annual Report 2008

Ver 1.1

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## PRESIDENT'S MESSAGE

2008 marked yet another significant milestone for the pharmacy profession. The Pharmacist Bill was passed in Parliament on 20 Sept 2007 and the Presidential assent was obtained on 2<sup>nd</sup> October 2007. The implementation of the new Pharmacist Registration Act 2007 took effect on 1 September 2008.

The enactment of the Pharmacists Registration Act 2007 on 1 September 2008 saw the dissolution of the Singapore Pharmacy Board and the birth of a new entity, the Singapore Pharmacy Council.

Compulsory Continuing Professional Education (CPE) was instituted on 1 September 2008 to ensure that pharmacists remained sufficiently competent in ensuring safe medication use. As at 31 August 2008, a total of 1460 pharmacists had participated in CPE activities which accounted for about 95% of the total registered pharmacists in Singapore. This is a good baseline to kick start compulsory CPE. We will, in the near future, develop compulsory CPE to become an integrated continuing competence programme similar to the United Kingdom and the United States of America.

With effect from February 2008, all pre-registration pharmacists have to sit for and pass a competency examination comprising 100 multiple choice questions. These questions cover areas such as pharmacotherapy, pharmacy practice, and pharmaceutical compounding. The examination will be held up to 4 times a year – in February, April, August and November. Candidates will be allowed 2 re-sits. This examination helps to raise the bar of our pharmacists' competency to another level and also provides us with an assessment tool to validate foreign-trained pharmacists. Our system is similar to those in the United Kingdom, USA and Canada which also administer examinations for their pre-registration pharmacists.

The introduction of "inactive status" for pharmacists who are not working in the pharmacy sector or who are not in pharmacy practice, as defined by Pharmacists Registration Act 2007, will encourage pharmacists to remain on the Register. These pharmacists only need to fulfil 40% of compulsory CPE requirements (20 CPE points in 2 years vs. 50 CPE points in 2 years for those in active practice). For conversion back to "active status" the pharmacist will have to fulfil the CPE requirement of 25 CPE points within 1 year prior to conversion.

The Singapore Pharmacy Council organises a robust preceptorship training programme to groom pharmacist preceptors to coach and mentor pre-registration pharmacists. 362 pharmacist preceptors have been trained since 2004 including the 61 trained this year. It is not just professional knowledge and skills that have to be taught but professional and ethical values to impart, and inspiring commitment and the importance of life long learning for personal growth.

Pharmacists must “self exceed” – we must continuously set higher benchmarks for ourselves and work tirelessly to achieve these benchmarks for the benefit of our patients. The pharmacy profession will thrive with a sense of ownership to the profession as what you own, you will defend with passion.

I would like to thank the Council members and the pharmacists who served on the various committees and workgroups for their time and invaluable contributions to the profession.

A handwritten signature in black ink, appearing to read 'Wu Tuck Seng', written over a horizontal line.

Mr Wu Tuck Seng  
President  
Singapore Pharmacy Council

## **INTRODUCTION**

The Singapore Pharmacy Council is the professional council established under the Pharmacists Registration Act 2007 (No 48 of 2007) to maintain a Register of Pharmacists and to investigate into any complaints against pharmacists for professional misconduct. Pharmacists found guilty of professional misconduct may be reprimanded, suspended or removed from the Register.

The Council also renews practising certificates and issues certificates of good standing. The Council specifies pre-registration requisites, approves pre-registration training centres and directs continuing education.

Under the current Pharmacists Registration Act 2007 (No 48 of 2007), the Singapore Pharmacy Council comprises eleven members. Two ex-officio members stipulated in the Act are the Chief Pharmacist, Ministry of Health and the Head of Department of Pharmacy, National University of Singapore. By statute, the Chief Pharmacist is also the Registrar of the Council. The other nine members are pharmacists chosen from the private and public sectors. They are appointed for a term of three years by the Minister for Health.

## **FUNCTIONS OF THE SINGAPORE PHARMACY COUNCIL**

- Keep and maintain registers of registered pharmacists;
- Approve or reject applications for registration under the Pharmacists Registration Act 2007 or to approve any such application subject to such restrictions as it may think fit;
- Issue certificates of registration and practising certificates to registered pharmacists
- Make recommendations to the appropriate authorities on the courses of instructions and examinations leading to a Singapore degree;
- Prescribe and implement measures, guidelines and standards for the training of persons seeking registration as pharmacists under the Pharmacists Registration Act 2007;
- Make recommendations to the appropriate authorities for the training and education of registered pharmacists;
- Determine and regulate the conduct and ethics of registered pharmacists; and
- Generally to do all such acts and matters and things as are necessary to be carried out under the Pharmacists Registration Act 2007.

## QUALITY STATEMENT

The Singapore Pharmacy Council strives to achieve quality output of pharmacists through an efficient registration process and overseeing pharmacists' continual development to attain professional standards benchmarked amongst the best in the world.

### VISION

To continually improve professional competencies and standards of registered pharmacists to be the best in the world.

### MISSION

To achieve quality output of pharmacists through an integrated, comprehensive, efficient and effective registration and regulatory process.

### CORE VALUES

The Council adopts the core values of the Ministry of Health, namely:

- Dedication** - We desire to serve.  
We believe in giving our best.  
We are passionate in what we do.
- Professionalism** - We seek to develop a high level of expertise.  
We are objective in decision-making.  
We do that which is best for Singapore and Singaporeans.
- Integrity, Care & Compassion, Teamwork** - We take responsibility for our work.  
We go the extra mile to show we care.  
We work together for the best outcomes.

## THE PHARMACIST'S PLEDGE

The Pharmacist's Pledge is made up of ten statements which are formulated around the acronym "PHARMACIST" and describes the values, ethics, vision and professionalism which should be embraced by all pharmacists. The pledge serves to remind pharmacists of their duties and responsibilities toward their patients, colleagues and the society.

Pharmacists solemnly pledge to:

**P**ractise my profession with honesty, integrity and compassion;

**H**onour traditions and embrace advancements in my profession;

**A**bide by the governing laws and Code of Ethics;

**R**espect and keep in confidence patient information;

**M**aintain a high standard of professional competence through life long learning;

**A**lways place patient's interests first and treat them equally;

**C**ollaborate with other healthcare colleagues to achieve the desired treatment outcomes;

**I**mpart my knowledge, experience and skills to nurture future pharmacists;

**S**trive to provide high quality and cost-effective health services and products;

**T**ranslate scientific advances into better healthcare.

## MEMBERS OF SINGAPORE PHARMACY COUNCIL (SPC) 2008

The members of the first SPC listed below were appointed on 1<sup>st</sup> September 2008. Their three-year term will end on 31<sup>st</sup> August 2011. Five of them were newly appointed while six were from the Singapore Pharmacy Board (SPB) (April 2005 to August 2008)

<b><u>Position</u></b>	<b><u>Name and background</u></b>	<b><u>Member of SPB from/since</u></b>
President	Mr Wu Tuck Seng Deputy Director, Pharmacy Department, National University Hospital <i>B Pharm (Hons), University of London</i> <i>Master of Health Science (Management) , University of Sydney</i>	1996 - 2002
Registrar (Ex Officio)	Ms Ang Hui Gek Chief Pharmacist, Ministry of Health Director, Allied Health Division, Singapore General Hospital. <i>BSc (Pharm), National University of Singapore. Graduate Dip Clinical Pharmacy, Australia. MBA, University of Hull, UK</i>	Since 2002
Member (Ex Officio)	Associate Professor Chan Sui Yung Head, Department of Pharmacy National University of Singapore <i>BSc (Pharm) (Hons) and MBA, National University of Singapore. PhD (Pharmaceutics), Queens University of Belfast, UK</i>	Since 2005
Member	Dr Ellick Wong Chee Kik Adjunct Professor, Department of Pharmacy National University of Singapore <i>BSc (Pharm), National Taiwan University. MSc, University of Manchester, UK .PhD (Pharmaceutics), University of Wales,UK</i>	Since 1999
Member	Mr Sia Chong Hock Division Director, Manufacturing and Quality Audit Division Health Products Regulation Group, Health Sciences Authority <i>BSc (Pharm), National University of Singapore MSc Healthcare Management, University of Wales, UK</i>	Since 2002
Member	Ms Linda Seah Siew Hong Managing Director, Baxter Healthcare Asia Pte. Ltd. <i>BSc (Pharm) (Hons), National University of Singapore</i>	Since 2002
Member	Ms Chan Soo Chung General Manager, National Healthcare Group Pharmacy <i>B Pharm (Hons), University Science Malaysia</i>	Since 2005
Member	Mr Koe Khoon Poh Managing Director, ICM Pharma Pte Ltd. <i>B Pharm, National University of Singapore</i>	1993 - 1996
Member	Mrs Chan Yiam Moi General Manager, NTUC Healthcare Co-operative Ltd <i>BSc (Pharm), National University of Singapore</i>	
Member	Ms Lita Chew Sui Tjien Pharmacy Manager, National Cancer Centre <i>BSc (Pharm), National University of Singapore MMedSc (Oncology), University of Birmingham (UK)</i>	
Member	Dr Christina Tong Mei Wen (Dr Christina Lim) Deputy Group Director, Health Products Regulation Group Health Sciences Authority <i>B Pharm, National University of Singapore. PhD (Pharmacodynamics), University of Montpellier, France</i>	





## **Members of Singapore Pharmacy Board**

(1 April 2005 till 31 August 2008)

From left to right:

Ms Chan Soo Chung, Dr Ellick Wong, A/Prof Chan Sui Yung, Ms Ang Hui Gek (President and Registrar), Ms Linda Seah,  
Mr Sia Chong Hock



## **Members of Singapore Pharmacy Council**

(1 September 2008 till 31 August 2011)

From left to right:

Ms Lita Chew, Mr Koe Khoon Poh, Ms Chan Soo Chung, Dr Ellick Wong, A/Prof Chan Sui Yung,  
Mr Wu Tuck Seng (President), Ms Ang Hui Gek (Registrar), Ms Linda Seah, Mr Sia Chong Hock,  
Dr Christina Lim, Mrs Chan Yiam Moi

# **REPORT ON THE SINGAPORE PHARMACY BOARD / SINGAPORE PHARMACY COUNCIL'S ACTIVITIES**

A summary of the Board's/Council's activities during the year 2008 is presented under the following headings:

- Board/Council Meetings
- Matters of Professional Misconduct
- Forensic Examinations for Foreign Graduates
- Competency Examinations for Local and Foreign-Trained Graduates

## **Board/Council's Meetings**

A total of four Board meetings were held in the year 2008 in the months of January, April, May and July. The SPC was formed in September 2008 and 2 meetings were held in September and December 2008. Some of the issues discussed during these meetings were:

- Amended Pharmacists Registration Act
- Preceptor Training Workshops
- Pharmacist Pledge Affirmation Ceremony and the Pharmacist's Pledge
- Compulsory Continuing Professional Education for Pharmacists

## **Amended Pharmacists Registration Act**

The amended Pharmacists Registration Act was passed in Parliament on 20 September 2007, and received the Presidential Assent on 2 October 2007. It was enforced on 1 September 2008. The Singapore Pharmacy Board was then reconstituted as a statutory board and renamed the Singapore Pharmacy Council.

## **Highlights of the Pharmacists Registration Act (PRA) 2007 and its Regulations**

The Act had made provisions for the:

- a. Compulsory continuing professional education for pharmacists;
- b. Establishment of the Pharmacist Specialists Accreditation Board and registration of specialist pharmacists;
- c. Introduction of conditional and temporary registration of pharmacists;
- d. Introduction of a more rigorous disciplinary proceedings framework; and
- e. Empowerment of the Pharmacy Council to prescribe compoundable offences and to compound such offences.

## **Pharmacists Registration (Prescribed Qualifications for Conditional Registration) Regulations 2008 enacted on 1 September 2008**

These Regulations state the prescribed qualifications for purposes of Conditional Registration of pharmacists in Singapore. This comprises a list of foreign qualifications that the Singapore Pharmacy Council recognises for registration in Singapore.

<u>Country/Area</u>	<u>Number of Recognised Programmes</u>	<u>Qualifications</u>
Australia	8	Bachelor of Pharmacy
Canada	9	Baccalaureate in Pharmacy
Canada	2	Doctor of Pharmacy
Malaysia	1	Bachelor of Pharmacy
New Zealand	1	Bachelor of Pharmacy
United Kingdom	17	Master of Pharmacy
United States of America	88	Doctor of Pharmacy

## **Pharmacists Registration (Practising Certificate) Regulations 2008 enacted on 1 September 2008**

These regulations apply to pharmacists who are registered under section 16 (Full registration) or 17 (Conditional registration) of the Act. They state the guiding principles for awarding continuing professional education points and the validity period of practising certificates. The grant and renewal of practising certificates will depend on the continuing professional education (CPE) points accumulated by the pharmacists.

i. First Schedule – Fees

The First Schedule states the fees payable to the Singapore Pharmacy Council for the application for a practising certificate.

ii. Second Schedule – Requisite Continuing Professional Education Points

The Second Schedule states the continuing professional education points that a pharmacist or a specialist has to accumulate to renew his / her practising certificate.

iii. Transitional provision

Regulations 10 of the Pharmacists Registration (Practising Certificate) Regulations 2008 states that a registered person who has, between 1 September 2006 and 31 August 2008, obtained 50 continuing professional education points will be deemed to have accumulated 10 continuing professional education points during the qualifying period from 1 September 2008 to 31 August 2010 (both dates inclusive).

### **Preceptor Training Workshops**

The Council conducted three full-day preceptor training workshops during the year in the month of April. The training was organised to equip and hone the skills of pre-registration pharmacist's preceptors in leading, mentoring and coaching. A total of 61 pharmacists participated in the workshop. 59% of the participants were hospital pharmacists and the rest were retail pharmacists. The overall rating for the workshops was good.

### **Pharmacist's Pledge Affirmation Ceremony**

The Singapore Pharmacy Board, in the presence of a congregation of pharmacists, guests, members from the academia, professional and healthcare institutions and the guest-of-honour Minister for Health, Mr Khaw Boon Wan, witnessed the first pledging-in of the 2008 cohort of new pharmacists in the inaugural Pharmacist's Pledge Affirmation Ceremony. This was held on the 29 May 2008 at the Auditorium of the College of Medicine Building. A total of 67 pharmacy graduates who had recently completed their pre-registration training together with 130 registered pharmacists participated in the ceremony.

### **The Pharmacist's Pledge**

The pledge was developed by a workgroup appointed by the Singapore Pharmacy Board with inputs from Board members, fellow pharmacists and lay persons. The commitment to the pledge is a way to show a personal dedication to the pharmacy profession regardless of the nature of practice of the pharmacist. The pledge was formulated around the word "PHARMACIST" and embraces the values, ethics, vision and professionalism. By demonstrating these intrinsic behavioral qualities, pharmacists will surely gain the trust and confidence of their patients and colleagues.

### **Compulsory Continuing Professional Education for Pharmacists**

The CPE accreditation committee, chaired by Ms Tan Mui Ling, continued its assigned task of reviewing the CPE points award system, approving qualified providers for CPE programmes and providing guidance for the administration of the CPE system.

## **Matters of Professional Misconduct**

The Council received one complaint in October 2008 against a pharmacist for committing theft. The case was still under investigation as at 31 December 2008.

## **Forensic Examinations for Foreign-Trained Pharmacy Graduates**

In 2008, two forensic examinations were held for a total of 13 candidates. The examinations were conducted on 17<sup>th</sup> May 2008 (5 candidates) and 4<sup>th</sup> November 2008 (8 candidates). One candidate failed to attain the passing mark of 60% and had to re-sit for the forensic examination on 4 Nov 2008 and passed.

Of the 13 candidates, 6 held degrees from Australia, 5 from United Kingdom, 1 from Malaysia and 1 from New Zealand.

## **Competency Examinations for Local and Foreign-Trained graduates**

A consolidated competency examination was introduced for all local and foreign trained pharmacy graduates seeking registration as pharmacists with the Singapore Pharmacy Council. Two competency examinations were held in February and August 2008. A total of 71 local graduates and 5 foreign trained pharmacists sat for the first exam and 3 foreign trained pharmacists sat for the second exam. All the pharmacists passed the examinations.

# THE PHARMACISTS REGISTER FOR THE YEAR 2008

## Total Number of Registered Pharmacists

At year-end, there were 1,546 pharmacists on the register, a net increase of 63 over that of the previous year. This included the registration of 15 foreign-trained pharmacists.

The number of pharmacists registered in Singapore over the past 5 (five) years is shown in Table 1.

**Table 1**  
**Number of Registered Pharmacists in Singapore (2004-2008)**

<b>Year</b>	<b>Total Number of Pharmacists on the Register</b>	<b>Net increase(+) / Decrease(-) over the previous year</b>	<b>Net increase (+) / Decrease (-) over the previous year (%)</b>
2004	1288	+52	4.2
2005	1330	+42	3.3
2006	1421	+91	6.8
2007	1483	+62	4.4
2008	1546	+63	4.3

## Number of Foreign-Trained Registered Pharmacists

A total of 232 foreign-trained pharmacists had registered with the Council over the past 15 years. The number registered each year since 1994 is shown in Table 2.

**Table 2**  
**Total Number of Foreign-Trained Pharmacists (1994-2008)**

Year	Number of Pharmacists
1994	7
1995	9
1996	10
1997	28
1998	22
1999	15
2000	27
2001	17
2002	11
2003	15
2004	5
2005	9
2006	21
2007	21
2008	15
<b>Total</b>	<b>232</b>



## Profile of Registered Pharmacists

The profile of registered pharmacists in 2008 is shown in Table 3. The population of registered pharmacists in Singapore comprised approximately 25% male and 75% female pharmacists. When compared to 2007, the number of male pharmacists decreased by 4 in the year 2008, while that of the female pharmacists increased by 67.

Majority of the pharmacists are Chinese (93.2%). Indian pharmacists make up 4.1% and Malay pharmacists 1.7%. Of the 1,546 registered pharmacists, three-quarters are Singaporeans (74.0%).

**Table 3**  
**Profile of Registered Pharmacists**

Profile	Number	Percentage (%)
<b>Total Number</b>	<b>1546</b>	<b>100</b>
<b>Sex</b>		
Male	390	25.2
Female	1156	74.8
<b>Ethnic Group</b>		
Chinese	1441	93.2
Malay	26	1.7
Indian	63	4.1
Others	16	1.0
<b>Nationality</b>		
Singaporean	1143	74.0
Malaysian	356	23.0
Others	47	3.0
<b>Age Group</b>		
20-29	351	22.7
30-39	624	40.4
40-49	318	20.6
50-59	154	9.9
60 and above	99	6.4
<b>Total Number</b>	<b>1546</b>	<b>100</b>

## Employment Status

The statistics on employment status of registered pharmacists at end of Dec 2008 is shown in Table 4.

A total of 1,289 (83.4%) of registered pharmacists were engaged in full-time employment and 124 (8.0%) were in part-time employment.

Table 5 shows the age distribution of the number of registered pharmacists who were not working.

**Table 4**  
**Working Status of Registered Pharmacists**

<b>Working Status</b>	<b>Number</b>	<b>Percentage (%)</b>
<b>Total Number</b>	<b>1546</b>	<b>100</b>
Full-time employment	1289	83.4
Part-time employment	124	8.0
Not working	133	8.6

**Table 5**  
**Age Distribution of Registered Pharmacists who are Not Working**

<b>Age Group</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
20 – 29	18	5	23
30 – 39	44	4	48
40 – 49	26	6	32
50 – 59	8	3	11
60 and above	11	8	19
<b>Total</b>	<b>107</b>	<b>26</b>	<b>133</b>

## Fields of Employment

Table 6 shows the fields of employment of pharmacists in the private and public sectors.

### Private Sector

Compared to 2007, the percentage of registered pharmacists employed in "Wholesale & Retail" decreased by 4.1%.

### Public Sector

Majority of the public sector pharmacists were employed in patient-care services: hospitals (56.2%) and polyclinics (11.7%). 12.3% of pharmacists were employed in the area of pharmaceutical regulation. The remaining 19.8% were employed in academia, administration, non-pharmaceutical and procurement and distribution.

**Table 6**  
**Fields of Employment of Registered Pharmacists in the year 2008**

Fields of Employment	Number	Percentage (%)
<b>Private Sector</b>	<b>858</b>	<b>100</b>
Wholesale & Retail	225	26.2
Marketing	92	10.7
Wholesale	92	10.7
Clinical Trials	65	7.6
Hospital	45	5.2
Non-Pharmaceutical	37	4.3
Regulatory Affairs	36	4.2
Manufacturing	33	3.9
Locum	13	1.5
Volunteer Welfare Organisation	16	1.9
Medical/Dental Clinic	11	1.3
Health Information Services	6	0.7
Consultancy	6	0.7
Others (including those working overseas)	181	21.1
<b>Public Sector</b>	<b>555</b>	<b>100</b>
Hospitals	312	56.2
Pharmaceutical Regulation	68	12.3
NHG & SingHealth Polyclinics	65	11.7
Academia	59	10.6
Administration	39	7.0
Non-pharmaceutical	8	1.5
Procurement & Distribution	4	0.7

## Basic Degrees

The pharmacists registered in Singapore obtained their basic pharmacy degrees from a spread of countries/areas. 83.2% of our registered pharmacists obtained their basic pharmacy qualifications in Singapore. This is followed by Australia (6.0%), the United Kingdom (4.3%), Malaysia (3.3%) and the United States (1.4%).

**Table 7**  
**Basic Degrees (by Country/Area) of Registered Pharmacists in year 2008**

Country/Area	Number	Percentage (%)
Singapore	1286	83.2
Australia	92	6.0
United Kingdom	67	4.3
Malaysia	51	3.3
United States	22	1.4
New Zealand	11	0.7
Canada	9	0.6
Others <sup>1</sup>	8	0.5
<b>Total</b>	<b>1546</b>	<b>100</b>

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<sup>1</sup> Taiwan and India.

## Post-Basic Degrees

Table 8 shows the number of pharmacists on the register who had obtained higher qualifications in pharmacy. A total of 105 post-basic pharmacy degrees were recorded, with Clinical Pharmacy being the most common specialty (36.2%). This was followed by Pharmaceutics (15.2%), Pharmacology (13.3%), Pharmaceutical Chemistry (11.4%) and Pharmaceutical Technology (7.6%).

**Table 8**  
**Number of Pharmacists by Specialty of Post-Basic Degree**

Specialty	Number	Percentage (%)
Clinical Pharmacy	38	36.2
Pharmaceutics	16	15.2
Pharmacology	14	13.3
Pharmaceutical Chemistry	12	11.4
Pharmaceutical Technology	8	7.6
Pharmacy Practice	7	6.6
Hospital Pharmacy	4	3.8
Biopharmacy	2	1.9
Community Pharmacy	1	1.0
Pharmacodynamics	1	1.0
Pharmacognosy	1	1.0
Pharmaceutical Microbiology	1	1.0
<b>Total</b>	<b>105</b>	<b>100</b>

## Pharmacists Residing Overseas

At end 2008, 130 pharmacists on the register were residing overseas (compared to 127 in 2007). Table 9 shows the countries/areas of residence of these pharmacists. A majority were in Australia (28.4%), followed by Malaysia (20.0%) and the United States (10.7%) and United Kingdom (10.7%).

**Table 9**

### Countries/Areas of Residence of Registered Pharmacists Residing Overseas

Country/Area	Number	Percentage (%)
Australia	37	28.4
Malaysia	26	20.0
United States	14	10.7
United Kingdom	14	10.7
Hong Kong SAR	10	7.7
People's Republic of China	9	6.9
Brunei	2	1.5
Germany	2	1.5
Japan	2	1.5
Thailand	2	1.5
Dubai	1	0.8
France	1	0.8
Indonesia	1	0.8
Ireland	1	0.8
Macau	1	0.8
Netherlands	1	0.8
New Zealand	1	0.8
South Africa	1	0.8
Spain	1	0.8
Switzerland	1	0.8
Taiwan	1	0.8
Vietnam	1	0.8
<b>Total</b>	<b>130</b>	<b>100</b>

Table 10 shows the reasons cited for residing overseas. The most common reason was "Work" (63.8%) followed by "Accompanying spouse/family" (21.5%). There is a significant drop (40 in 2007 and 28 in 2008) in the number of pharmacists who accompany their spouse or family. The number of pharmacists working overseas increased from 61 in 2007 to 83 in 2008.

**Table 10**  
**Reasons for Residing Overseas**

<b>Reasons</b>	<b>Number</b>	<b>Percentage (%)</b>
Work	83	63.8
Accompany spouse/family	28	21.5
Further studies	7	5.4
Return to home country	6	4.6
Migration	4	3.1
Left Singapore	1	0.8
Living Overseas	1	0.8
<b>Total</b>	<b>130</b>	<b>100</b>

### **Non-Renewal of Practising Certificate**

35 pharmacists had allowed their annual certificate to expire after December 2008. The primary reasons provided for non-renewal were "Working in non-pharmaceutical fields" and "Retirement", followed by "Overseas employment". The reasons cited are listed in Table 11.

**Table 11**  
**Reasons for Non-Renewal of Practising Certificate**

<b>Reasons for Non-Renewal</b>	<b>Number</b>	<b>Percentage (%)</b>
Working in non-pharmaceutical fields	8	22.8
Retired	7	20.0
Overseas employment	6	17.1
Non-payment of fees	6	17.1
Accompany spouse overseas	3	8.5
Migrated	1	2.9
Overseas studies	1	2.9
Left Singapore	1	2.9
Return to own country	1	2.9
Medical reason	1	2.9
<b>Total</b>	<b>35</b>	<b>100</b>

**CODE OF ETHICS (2009)****A. PRACTICES & RESPONSIBILITIES**

1. A pharmacist shall make the care of patients as the first consideration.
  - 1.1. A pharmacist shall consider and act in the best interest of the individual patient.
  - 1.2. A pharmacist shall endeavour to provide professional patient-focused care to optimize health outcomes.
  - 1.3. A pharmacist shall seek to ensure safe and timely access to medicines and be satisfied of the clinical appropriateness of medicines supplied to the patient.
  - 1.4. A pharmacist shall encourage the effective use of medicines and be satisfied that patients, or those who care for them, know how to use their medicines appropriately.
  - 1.5. A pharmacist shall provide professional advice and counselling on medications at every opportunity, and shall only refrain from doing so when deemed to be in the best interest of the patient.
  - 1.6. A pharmacist shall not supply to any member of the public any substance, medicinal product or medical appliance which the pharmacist knows, or has reason to believe, is intended to be used in a manner which would be detrimental to health.
  - 1.7. A pharmacist shall not encourage a member of the public to purchase or obtain more of a medicinal product than is required.
  - 1.8. A pharmacist shall seek consultation with fellow pharmacist(s), and/or with other healthcare professionals, when deemed to be in the best interest of the patient.
2. A pharmacist shall respect and treat all patients equally, and protect their dignity and privacy.
  - 2.1. A pharmacist shall treat patients without prejudice of race, religion, creed, social standing, disability or socio-economic status; and not allow personal beliefs to influence the management of patients. Where a pharmacist feels unable to continue to care for a patient due to such beliefs, the patient should be referred to another pharmacist who is able and willing to care for the patient.
  - 2.2. A pharmacist shall ensure that confidential information is not disclosed without consent, apart from where permitted to do so by the law or in exceptional circumstances.
  - 2.3. A pharmacist shall take all reasonable steps to prevent accidental disclosure or unauthorised access to confidential information.
  - 2.4. A pharmacist shall use information obtained in the course of professional practice only for the purposes for which it was given or where otherwise lawful.



- 2.5. A pharmacist shall not discuss the therapeutic efficacy of prescriptions or provide patient counselling in such a manner as to impair confidence in the prescriber or other healthcare professionals.
3. A pharmacist shall comply with legal requirements, professional standards and embrace best practices in the relevant field.
    - 3.1. A pharmacist shall keep up-to-date and comply with the laws that govern practice in the course of discharging his professional duties.
    - 3.2. A pharmacist shall be familiar with best practice guidelines and aim to achieve the professional pharmacy practice standards endorsed by Singapore Pharmacy Council (SPC).
    - 3.3. A pharmacist shall ensure that the premise of practice must fulfil professional practice guidelines and standards so as to enable the provision of safe, high quality and cost effective health services and products.
  4. A pharmacist shall strive to achieve and maintain high professional practice standards in the promotion and provision of health services and products.
    - 4.1. A pharmacist shall take responsibility for all work done personally and ensure that those under his direct supervision are able to carry out their duties competently.
    - 4.2. A pharmacist shall be satisfied that appropriate protocols exist to ensure that the care and safety of the patient is not compromised.
    - 4.3. A pharmacist shall refrain from accepting conditions of service which may compromise his professional independence, judgement or integrity.
    - 4.4. A pharmacist offering online pharmacy services and/or telepharmacy services shall ensure that online aspect of operations comply with similar good pharmacy practice standards as stipulated in the guidelines for telepharmacy.
    - 4.5. A pharmacist shall, when providing information in his professional capacity in the public domain (websites, blogging, public speaking, broadcasting, writing, etc), ensure that the information conforms to the following criteria:
      - a. Factual
      - b. Accurate
      - c. Verifiable
      - d. No exaggerated claims
      - e. Not misleading
      - f. Not sensational
      - g. Not persuasive
      - h. Not laudatory
      - i. Not disparaging

4.6. A pharmacist shall abide by governing laws, standards and guidelines pertaining to the research, manufacture, distribution, sale, promotion and advertising of all health services and products; in addition, the information provided shall comply with the criteria listed in 4.5.

4.6.1. A pharmacist shall not advertise himself in any manner that explicitly suggests his professional skill is of a higher order than those of other pharmacists; or in a manner reflecting adversely on the skill or ability or professional services rendered by other pharmacists.

4.6.2. A pharmacist shall restrict the publication, distribution or exhibition of an advertisement concerning his practice to the standards approved by SPC.

4.6.3. A pharmacist shall not mislead the public by promoting or criticising any health product or services, through advertisements or other endorsements.

**5. A pharmacist shall be responsible for personal fitness to practise.**

5.1. A pharmacist who is aware that he is suffering from a condition that renders him unfit to practise shall seek appropriate treatment.

5.2. A pharmacist is responsible, if he is of sound mind, to disclose to the SPC if he has been diagnosed with any medical condition that may render him unfit to continue practice.

5.3. A pharmacist who has reasonable grounds to believe that another pharmacist may be putting patients at risk shall inform SPC.

**B. PROFESSIONAL QUALITIES**

**6. A pharmacist shall act with honesty and integrity, adhere to accepted standards of professional conduct, uphold public trust and confidence, and maintain the reputation of the profession.**

6.1. A pharmacist shall not engage in behaviour or activity likely to bring the profession into disrepute or undermine public confidence in the profession.

6.2. A pharmacist shall avoid conflicts of interest or situations which may compromise professional relationships with patients and colleagues or influence the objectivity of professional judgement.

**7. A pharmacist shall keep abreast of advancements in pharmaceutical knowledge so as to maintain a high standard of competency in professional practice for the assurance of effective outcomes and safety in patients.**

7.1. A pharmacist shall embrace continuous professional development as a form of personal responsibility to ensure knowledge and skills are kept up-to-date and relevant to the field of practice.

7.2. A pharmacist shall keep up with and be prepared to engage new technology in delivering quality services and products to his patients.

- 7.3. A pharmacist shall be prepared to learn and apply new knowledge and skills to expand his roles and responsibilities in the healthcare system.
8. A pharmacist shall ensure that research activities are conducted in accordance to best practice guidelines that are applicable to the area of research.
  - 8.1. A pharmacist shall conduct research activities with integrity and honesty so as to gain the acceptance and respect of the research community and maintain the confidence of the public.
  - 8.2. A pharmacist shall ensure that the necessary approvals from the appropriate regulatory authorities for conducting research activities have been obtained.
  - 8.3. A pharmacist shall ensure proper safeguards of patients' safety and integrity when conducting research and comply with research ethical guidelines issued by the relevant institutions and organizations.

### **C. INTER-PROFESSIONAL RELATIONSHIPS**

9. A pharmacist shall collaborate with other healthcare professionals, patients and caregivers to achieve optimal treatment outcomes for their patients.
  - 9.1. A pharmacist shall explain the treatment plans and available options in a clear manner and take reasonable steps to ensure information shared is easily understood by patients and caregivers so as to empower them to make informed decisions about their own health management.
  - 9.2. A pharmacist shall maintain effective professional relationships with his colleagues and other healthcare professionals and offer assistance when called upon for advice.
  - 9.3. A pharmacist shall refrain from publicly criticising his colleagues and other healthcare professionals.
  - 9.4. A pharmacist must seek clarifications from colleagues and other healthcare professionals if they have reason to believe that such decisions could compromise the safety or care of his patients.
10. A pharmacist shall impart his knowledge, experience and skills to nurture future and new pharmacists.
  - 10.1. A pharmacist shall contribute to the education, training and professional development of future and new pharmacists through sharing of relevant knowledge, skills and expertise.
  - 10.2. A pharmacist preceptor shall endeavour to educate and train future and new pharmacists to meet prescribed competency standards.

## **GUIDE ON ADVERTISING FOR PHARMACISTS & PHARMACIES (1991)**

### **A. INTRODUCTION**

1. As pharmacy is a profession, pharmacists are prohibited from publishing or distributing any advertisements concerning their practice as pharmacists. However, advertisements may be permitted under certain circumstances.
2. This guide is therefore drawn up for pharmacists in the areas of advertising of pharmacists and pharmacies. It provides advice on good professional practice and should help pharmacists to interpret and avoid breaching the Code of Ethics. A breach of the Code of Ethics could form the basis of a complaint of misconduct.
3. Guidelines cannot cover every situation. When in doubt, the advice of the Singapore Pharmacy Council should be sought.

### **B. CIRCUMSTANCES WHERE ADVERTISING IS PERMITTED**

1. A pharmacist may publish or distribute an advertisement concerning his practice as a pharmacist, provided that the advertisement is restricted to name, academic qualifications, address and telephone number in business/name card.
2. A pharmacy may publish or distribute an advertisement concerning its practice as a pharmacy, provided that the advertisement is restricted to its address, days and hours of service and telephone number in the media, and as part of the letterhead in their business stationery.
3. When advertising in telephone and other local directories, entries should be limited to the standard entry and may include hours of service.
4. A pharmacist may use the terms 'dispensing pharmacist', 'prescriptions', 'pharmacist', 'night pharmacy', 'night dispensing', or such other terms as may be approved by the Council, as a description on a fascia or other appropriate position on the premises of a pharmacy or pharmacy department.

5. A pharmacist may advertise goods and services, other than those used in his practice as a pharmacist, where such advertising does not, either directly or indirectly, encourage indiscriminate or unnecessary use of drugs and medicines from another pharmacist, for example, surgical goods such as gloves, cosmetics or other non-medicinal products. A discreet notice relating to pregnancy testing service, urine analysis, patient counselling services, blood glucose testing, patient medication records services, drug information centre or blood pressure testing, may be exhibited at the premises.
6. A dispensing pharmacist may wear a nametag bearing his name and designation as 'pharmacist'.
7. The display of qualification(s) of a pharmacist on stationery, as well as on any part of his premises, should be discreet and should be no more than the qualification(s) or higher qualification(s) officially entered in the Register of Pharmacists.

### **C. CIRCUMSTANCES WHERE ADVERTISING IS NOT PERMITTED**

1. Canvassing to promote dispensing or any other professional service, or to promote the sale by retail of medicinal products, other than veterinary drugs, should not be undertaken.
2. No advertisement or representation should be made in any manner, calculated to suggest that the professional skill of a pharmacist, or his facilities for pharmaceutical services, are of a higher order than those of other pharmacists; or in a manner reflecting adversely on the skill or ability or professional services rendered by other pharmacists.
3. No pharmacist should give any statement or testimonial upon any medicinal product or appliance, to any proprietor, manufacturer, distributor or vendor, for publication with the name and image of such pharmacist attached, other than way of an acknowledgement in an article published in a scientific journal. Pharmacists may, however, contribute articles of general interest to lay magazines or other non-scientific publications. They should take care not to endorse or promote any particular medicine or product. Only their names and qualifications may be stated in the article.

4. No pharmacist should exhibit, or cause to be exhibited, any sign plate, placard, painting, sculpture, replica design or representation visible to members of the public generally, which in the opinion of the Council is unethical, or which is calculated to be an advertisement of his practice as a pharmacist. Examples include advertising signs which are not physically attached to the pharmacy premises to which they refer such as signs in bus shelters, MRT stations and other buildings.

#### **D. LIABILITY OF PHARMACIST FOR CERTAIN ADVERTISEMENTS**

1. Every advertisement published by or in the name of a person, firm or incorporated company, which in any manner implies or suggests that such advertisement is justified by or based on the practice of a pharmacist, would be deemed to be an advertisement by such pharmacist in the same manner as if it had been inserted by him personally.

#### **E. OTHER RESTRICTIONS**

1. Every identifying sign in a pharmacy department of a hospital should be restricted to 'pharmacy', 'pharmacy department' or 'department of pharmacy' and could include the name of the hospital.
2. A pharmacist should exercise great care and do everything reasonably possible when speaking to the press or television, to ensure that he does not directly or indirectly contravene the Code of Ethics.

## **REQUISITES FOR PRE-REGISTRATION TRAINING CENTRE**

1. Premises suitable for pre-registration training include
  - ◆ Hospital/Institutional Pharmacies
  - ◆ Retail Pharmacies
  - ◆ Pharmaceutical Manufacturing Plants
  
2. The institutions providing pre-registration training shall comply with the following requirements :
  - ◆ The premises for training are approved by the Singapore Pharmacy Council.
  - ◆ A comprehensive programme of training by the institution has been approved by the Singapore Pharmacy Council.
  - ◆ Registered pharmacists with at least three years of service are available as preceptors who will be directly responsible for the supervision and training of pre-registration pharmacists.
  - ◆ Each preceptor shall not supervise more than two pre-registration pharmacists.

**APPROVED INSTITUTIONS FOR PRE-REGISTRATION TRAINING**

Department of Pharmacy  
Alexandra Hospital  
378 Alexandra Road  
Singapore 159964  
Tel: 63793320  
Fax: 63793902

Department of Pharmacy  
Changi General Hospital  
2 Simei Street 3  
Singapore 529899  
Tel: 68501888  
Fax: 67862485

Department of Pharmacy  
Institute of Mental Health /  
Woodbridge Hospital  
10 Buangkok View  
Singapore 539747  
Tel: 63892073  
Fax: 63851027

Department of Pharmacy  
K K Women's & Children's Hospital  
100 Bukit Timah Road  
Singapore 229899  
Tel: 63942460  
Fax: 63942465

Department of Pharmacy  
National Cancer Centre  
11 Hospital Drive  
Singapore 169610  
Tel: 64368091  
Fax: 62201347

Department of Pharmacy  
National University Hospital  
5 Lower Kent Ridge Road  
Singapore 119074  
Tel: 67725008  
Fax: 68737121

Department of Pharmacy  
Singapore General Hospital  
Outram Road  
Singapore 169608  
Tel: 63214815  
Fax: 62274330

Department of Pharmacy  
Tan Tock Seng Hospital  
11 Jalan Tan Tock Seng  
Singapore 308433  
Tel: 63572010  
Fax: 62566460



National Healthcare Group Pharmacy  
11 Lorong 3 Toa Payoh, #03-  
22/23/24  
Block B Jackson Square  
Singapore 319579  
Tel: 64782478  
Fax: 62542191

Guardian Health & Beauty  
21 Tampines North Drive 2  
#03-01  
Singapore 528765  
Tel: 68918000  
Fax: 67844460

Unity NTUC Healthcare  
55 Ubi Avenue 1  
#08-08  
Singapore 408935  
Tel: 68461128  
Fax: 68469313

Watson's Personal Care Stores  
1 Coleman Street  
#08-07 The Adelphi  
Singapore 179803  
Tel: 64305285  
Fax: 63371914

Parkway Group Healthcare  
Academy Parkway  
168 Jalan Bukit Merah  
Tower 3 #02-05  
Singapore 150168  
Tel: 65086918  
Fax: 62786075

**SCHEDULE OF FEES**

Registration Fee	\$200
Pre-registration Training Fee	\$ 80
Renewal of Practising Certificate Fee for 2 years	\$400
Late Payment Fee 1 (one month before expiration)	\$ 75
Late Payment Fee 2 (after expiration)	\$200
Restoration Fee	\$250
Examination Fee	\$300
Fee for Certified True Copy of any Certificate	\$ 50

## AUDITED ACCOUNTS OF THE SINGAPORE PHARMACY COUNCIL

### STATEMENT OF INCOME & EXPENDITURE FOR THE PERIOD FROM 1 SEPTEMBER 2008, THE DATE OF ESTABLISHMENT, TO 31 MARCH 2009, THE END OF FINANCIAL YEAR (7 MONTHS)

	\$
OPERATING INCOME	
Registration fee	15,040
Practising certificate fee	78,775
Restoration fee	1,000
Late payment fee	1,575
Certificate of Good Standing	250
Certified Copy of Certificate	100
Examination fee	9,900
	-----
	106,640
	-----
Deduct: OPERATING EXPENSES	
Accountancy fee	2,675
Audit fee	2,033
Bank charges	2,800
CPF	15,615
Cleaning services	210
Depreciation	406
Examination/examiner's fee	2,475
General expenses	1,132
Medical fee	15
Postage & courier	968
Printing & stationery	9,683
Refreshments	112
Rental of premises	13,211
Repairs & maintenance	53
Salary	153,051
Software maintenance/development	34,451
Staff welfare	800
Telecommunications	1,152
Transport	149
Utilities	712
Wages	147
	-----
	241,850
	-----
DEFICIT BEFORE GRANT	(135,210)
GOVERNMENT GRANT	145,891
	-----
SURPLUS BEFORE CONTRIBUTION TO CONSOLIDATE FUND	10,681
CONTRIBUTION TO CONSOLIDATED FUND	(1,816)
	-----
SURPLUS FOR THE PERIOD	8,865
	=====

**STATEMENT OF CHANGES IN FUNDS FOR THE PERIOD FROM 1  
SEPTEMBER 2008, THE DATE OF ESTABLISHMENT, TO 31 MARCH 2009**

	<u>Capital fund</u> \$	<u>General fund</u> \$	<u>Total</u> \$
Capital fund received from MOH	216,009	-	216,009
Utilisation	(185,161)	-	(185,161)
Surplus recognised directly in funds	30,848	-	30,848
Surplus for the period	-	8,865	8,865
	-----		
Total recognised surplus for the period	30,848	8,865	39,713
	-----		
Balance at 31 March 2009	30,848	8,865	39,713
	=====		

## BALANCE SHEET AS AT 31 MARCH 2009

	<u>Note</u>	\$
<b>ASSETS</b>		
<b>Non-current assets</b>		
Equipment & renovations	4	2,531 -----
<b>Current assets</b>		
Other receivables	5	67,176
Grant receivable from MOH		50,788
Bank balance		489,455 -----
		607,419 -----
<b>Total assets</b>		609,950 =====
 <b>FUNDS AND LIABILITIES</b>		
<b>Funds</b>		
Capital fund		30,848
General fund		8,865 -----
Balance at end of period		39,713 -----
<b>Current liabilities</b>		
Advance fees received		554,225
Expenses payable		14,196
Provision for consolidated fund		1,816 -----
		570,237 -----
<b>Total funds and liabilities</b>		609,950 =====

**CASH FLOW STATEMENT FOR THE PERIOD FROM 1 SEPTEMBER 2008, THE DATE OF ESTABLISHMENT, TO 31 MARCH 2009**

\$

**CASH FLOWS FROM OPERATING ACTIVITIES**

Deficit before grant	(135,210)
Adjustments for:	
Depreciation	406
Surplus recognised directly in funds	30,848
	-----
Operating deficit before working capital changes	(103,956)
Increase in other receivables & grant receivable from MOH	(117,964)
Increase in advance fees received	554,225
Increase in expenses payable	14,196
	-----
<b><i>Net cash from operating activities</i></b>	<b>346,501</b>
	-----

**CASH FLOWS FROM INVESTING ACTIVITIES**

Purchase of equipment & renovations	(143,782)
Capital fund received	140,845
	-----
<b><i>Net cash used in investing activities</i></b>	<b>(2,937)</b>
	-----

**CASH FLOWS FROM FINANCING ACTIVITIES**

Government grant received	145,891
	-----
<b><i>Net cash from financing activities</i></b>	<b>145,891</b>
	-----

**BANK BALANCE AT END OF PERIOD**

489,455  
=====

The attached notes to financial statements form an integral part of these financial statements.

## NOTES TO FINANCIAL STATEMENTS - 31 MARCH 2009

### 1. GENERAL

The Council is established under The Pharmacists Registration Act 2007 (No. 48 of 2007). The financial statements are expressed in Singapore dollars and are authorised for issue by the Council on the date stated on the Statement by Council's Management on page 2.

The principal activities of the Council are to regulate and promote the interests of registered pharmacists in Singapore.

### 2. SIGNIFICANT ACCOUNTING POLICIES

#### (a) *Basis of accounting*

The financial statements of the Council have been prepared under the historical cost convention and the fair values of financial assets and liabilities approximate their carrying amounts recorded in the financial statements.

The financial statements of the Council comply with Singapore Financial Reporting Standards (FRS). During the period, the Council adopted, where applicable, the new or revised FRS and Interpretations to FRS (INT FRS) that are effective for the current accounting period. The adoption did not result in any change in accounting policies. For new FRS and INT FRS that are not yet mandatory, there is no impact on the financial statements.

#### (b) *Accounting estimates and judgements*

The preparation of financial statements in conformity with FRS requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets, liabilities, income and expenses. The estimates and associated assumptions are reviewed on an on-going basis and are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements about carrying amounts of assets and liabilities that are not readily apparent from other sources. These estimates and assumptions are not expected to have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial period.

#### (c) *Income*

Income from practising certificate fees, which are levied on pharmacists on a two yearly basis, is recognised in the financial statements on an accrual basis.

Other types of income are recognised on a cash basis.

#### (d) *Depreciation*

Depreciation is calculated on the straight line basis to write off the cost of the assets over their estimated useful lives as follows:-

Computer	-	3 years
Furniture & fittings	-	8 years
Office equipment	-	8 years
Ceremony gowns	-	8 years
Renovations	-	3 years

The carrying amounts of equipment and renovations are reviewed for impairment at each balance sheet date. Impairment loss or reversal of impairment loss recognised in prior years is recorded in the income statement.

The useful lives and residual values, if not insignificant, are re-assessed annually. Fully depreciated assets are retained in the financial statements until they are no longer in use.

**(e) Government grants & subsidies**

Grants and subsidies from the government are recognised at their fair value where there is reasonable assurance that the grant/subsidy will be received and all attaching conditions will be complied with. When the grant or subsidy relates to an expense item, it is recognised as income over the periods necessary to match them on a systematic basis to the costs which it is intended to compensate. Where the grant or subsidy relates to a depreciable asset, the grant is recognised in the income statement over the life of the depreciable asset by way of a reduced depreciation charge through the reduced carrying amount of the asset.

**(f) Leased assets**

Operating lease payments are charged to the income statement on a straight line basis over the lease term.

**(g) Other receivables**

Other receivables are classified and accounted for as loans and receivables under FRS 39 and are initially recognised at invoiced values or amounts paid and, where applicable, subsequently measured at amortised cost using the effective interest method except that short-duration non-interest bearing receivables are not usually re-measured unless the effect of imputing interest would be significant. An allowance is made for uncollectible amounts when there is objective evidence that the Council will not be able to collect the debt. Bad debts are written off when identified.

**(h) Employee benefits**

*Defined contribution plan*

The Council contributes to Central Provident Fund ("CPF"), a defined contribution plan regulated and managed by the Singapore Government. The Council's obligation in regard to CPF is limited to the amount it has to contribute to it. CPF contributions are recognised as an expense in the same period as the employment that gives rise to the contributions.

*Employee leave entitlement*

Employee entitlements to annual leave are recognised when they accrue to employees. A provision is made for the estimated liability for annual leave as a result of services rendered by employees up to the balance sheet date.

### **3. CONTRIBUTION TO CONSOLIDATED FUND**

The income of the Council is exempted from income tax under Section 13(1) (e) of the Singapore Income Tax Act. In lieu thereof the Council is required to contribute to the Consolidated Fund in accordance with the Statutory Corporations (Contributions to Consolidated Fund) Act (Chapter 319A). The contribution is based on 17% of the net surplus of the Council.



#### 4. EQUIPMENT & RENOVATIONS

	<u>Computer</u> \$	<u>Furniture &amp; fittings</u> \$	<u>Office equipment</u> \$	<u>Ceremony gowns</u> \$	<u>Renovations</u> \$	<u>Total</u> \$
<b>Cost</b>						
Additions during the period	29,889	16,513	9,544	2,750	85,086	143,782
Government grant	(29,702)	(16,513)	(9,544)	-	(85,086)	(140,845)
-----						
At 31.3.09	187	-	-	2,750	-	2,937
<b>Accumulated depreciation</b>						
Depreciation charge for the period and at 31.3.09	62	-	-	344	-	406
-----						
<b>Net carrying amount</b>						
At 31.3.09	125	-	-	2,406	-	2,531
=====						

#### 5. OTHER RECEIVABLES

	\$
Prepayments	3,819
Deposits	18,620
Amount due from Singapore Dental Council	22,369
Amount due from Traditional Chinese Medicine Practitioners Board	22,368
	-----
	67,176
	=====

#### 6. FINANCIAL RISKS AND MANAGEMENT

(i) *Interest rate risk*

The Council has no exposure to interest rate risk as it does not have interest-bearing borrowings nor assets.

(ii) *Credit risk*

The Council has no significant credit risk as the main portion of its receivables is due from pharmacy practitioners.

(iii) *Foreign exchange risk*

The Council has no exposure to foreign exchange risk from transactions denominated in foreign currencies.

(iv) *Liquidity risk*

The Council monitors and maintains sufficient working capital to fund its operations and is primarily dependent on government grants to subsidise costs of operations.

#### 7. COMPARATIVE FIGURES

This being the first set of financial statements, there are no comparative figures.

## **SINGAPORE PHARMACY COUNCIL**

Office Opening Hours	Mondays to Fridays: 9.00 am - 5.30 pm
Correspondence Address (For normal mail only)	Singapore Pharmacy Council 16 College Road College of Medicine Building Singapore 169854
For visits, registered mail & couriered services	Singapore Pharmacy Council 81 Kim Keat Road NKF Centre, Level 9 Singapore 328836
General Enquiries	(65) 6478 5068
CPE Enquiries	(65) 6478 5066
Registration	(65) 6478 5067
Enquiries	(65) 6478 5063
Fax Number	(65) 6478 5069
Email Address	<a href="mailto:enquiries@spc.gov.sg">enquiries@spc.gov.sg</a>
Website Address	<a href="http://www.spc.gov.sg">www.spc.gov.sg</a>